

Gonorrhea in Montana Jan 2000–Oct 31, 2014

Gonorrhea is the second most commonly reported sexually transmitted disease in Montana and the United States. Implementation of interventions led to a significant decline in cases. However, reported cases have increased in recent years. The U.S. gonorrhea incidence rate declined approximately 75% from 1975–2009. The lowest incidence rate occurred in 2009 (98 cases per 100,000 population). Since 2009, the U.S. incidence rate increased each year to a rate of 108 cases per 100,000 population in 2012. Montana's incidence rate decreased over 95% from 292 cases per 100,000 population in 1975 to 7 in 2000. Since 2000, Montana's incidence rate has fluctuated with an average of 12 cases per 100,000 population (range: 7–22 cases per 100,000 population) (Figure 1). After a small increase in cases in 2011 (N=85) to 2012 (N=108), 224 cases were reported in 2013. The increasing trend has continued in 2014, with 308 cases reported through October 31, 2014. Of the 308 cases, 252 (82%) were reported among residents of 8 counties (Figure 2).

Figure 1. Gonorrhea case rate — Montana, 2000–2013

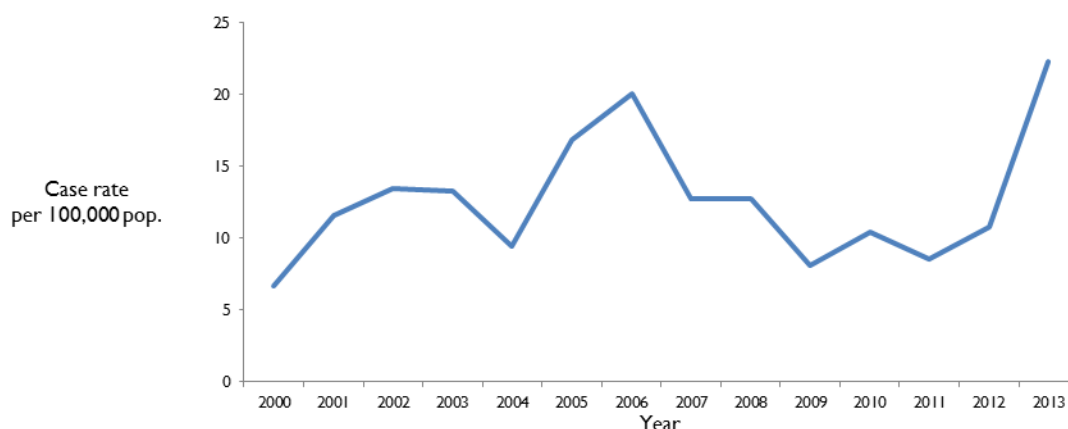
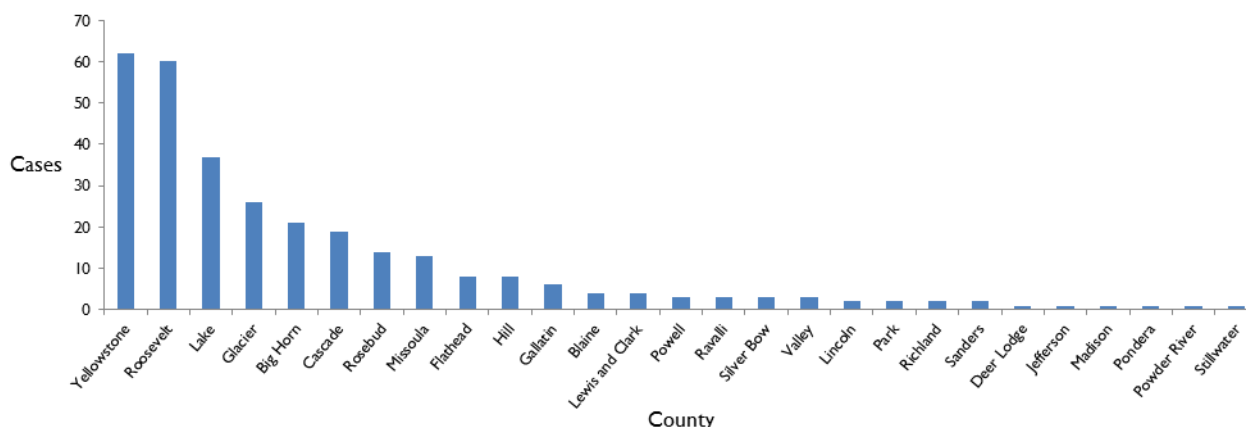


Figure 2. Gonorrhea cases by county — Montana, Jan 1, 2013–October 31, 2014



Recommendations

- Healthcare providers should screen for *Neisseria gonorrhoeae* infection in:
 - Sexually active pregnant and non-pregnant females if risk factors are present (e.g., living in areas of increased gonorrhea transmission, other STDs, new sex partners, multiple sex partners, risky sexual behaviors).
 - Sexually active and asymptomatic males living in areas of increased gonorrhea transmission, and symptomatic males.
- All persons diagnosed with gonorrhea should be tested for other STDs, including chlamydia, syphilis, and HIV.
- The preferred treatment regimen for gonorrhea is ceftriaxone 250 mg in a single intramuscular dose PLUS azithromycin 1 gram orally in a single dose.
- Healthcare providers should immediately report any case of gonorrhea to their local health department (ARM 37.114.203).
- Public health authorities should interview the case-patient and identify any recent sexual contacts. All identified sexual contacts should be examined, tested, and treated.